	DO NOT WRITE IN SHADED SECTION		

**STATE OF HAWAII
DEPARTMENT OF HEALTH
STATE LABORATORIES DIVISION
2725 WAIMANO HOME ROAD
PEARL CITY, HAWAII 96782**

☐ **APPROVED**	Date:	☐ **DISAPPROVED**	Date:
TYPE OF FEE PAID:	**APPLICATION $25**		**LICENSE $_____**
Check No./Date:			
Receipt No./Date:			

NOTES: _____

LICENSE		**DATE LOGGED**	
NO. ISSUED	**DATE MAILED**	**DATABASE**	**B/B**

APPLICATION FOR LICENSURE AS

(CHECK ONE ONLY)

☐ **Medical Technologist**
☐ **Clinical Laboratory Specialist in:**
   _____
☐ **Cytotechnologist**

USE TYPEWRITER OR PRINT CLEARLY

FULL NAME: _____
　　　　　　　Last　　　　　　　　First　　　　　　　Middle

SOCIAL SECURITY NO.: _____　　DATE OF BIRTH: _____

HOME ADDRESS: _____　　TELEPHONE-RESIDENCE: ( ) _____

　　　　　　　　　　　　　　　　　　　　　　-BUSINESS: ( ) _____

　　City　　　　　State　　Zip Code

EMPLOYER'S NAME AND ADDRESS: _____

EDUCATION	NAME & LOCATION	YEARS ATTENDED	MAJOR OR MINOR	DEGREE/DATE RCVD.
High School				
Training or Technical School				
College or University				

All professional experience or training during past 5 or more years
Attach a description of duties performed

Employer's Name	Address	Position Title	Date of Employment From - To

MS/WD-Technologist (revised 3/2004)

Other current and valid state licenses

Name of State	License Category	License No.	Date Issued

Professional Certification

Name of Agency	Category	Registry No.	Date Issued

1. Has your license in any state or country ever been revoked, suspended, or otherwise subject to disciplinary action?
   If "yes" specify state where action took place. _____

2. Are you presently being investigated or is any disciplinary action presently pending against you relating to your performance as a clinical laboratory professional?
   If "yes" explain below.

Send this completed application and required documents to:

Hawaii State Laboratories Division
Clinical Laboratory Personnel Licensing
2725 Waimano Home Road
Pearl City, HI 96782

If you have any questions, please call (808) 453-6653.

I hereby certify that the foregoing statements are true to the best of my knowledge. Also, I understand that any expenses incurred for taking the examination or for evaluation of my credentials, will be my responsibility and are not part of the license fee.

_____
Signature (in ink)   Date